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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Corrections Corporation of America Political Action Committee 10 Burton Hills Boulevard ADDRESS (number and street) (Check if address is changed) Nashville ΤN 37215-CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Cole.Carter@cca.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.cca.com/ (Check if address is changed) DATE 2015 C00366468 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cole G. Carter Type or Print Name of Treasurer Cole G. Carter [Electronically Filed] 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEC Ec	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE	raye Z				
Car	ndidate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate				
Nam Can	e of didate						
	didate y Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Can	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:				
		X Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	nt Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Title or Position Treasurer

_	_		
	_		
_	FEC Form 1 (Revised	02/2009)	Page <b>3</b>
١	Write or Type Committee Name		
	Corrections Co	rporation of America Political Action Comm	ittee
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
C	Corrections Corporation	on Of America	
ı			
_	Mailing Address	10 Burton Hills Blvd.	
	Mailing Address		
		Nashville TN 37215-61	05
		CITY STATE	ZIP CODE
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in pos-	session of committee
	Melissa La	urenza	
	Full Name	,1333 New Hampshire Ave. NW	
	Mailing Address		
		Washington DC 20036-15	
	Title or Position	CITY STATE	ZIP CODE
	Custodian of Records	Telephone number	887   -   4251
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
	Full Name Cole G. Ca of Treasurer	ırter	
	Mailing Address	10 Burton Hills Blvd.	
		Nashville	05
			ZIP CODE

615

Telephone number

263

3113

Full Name of Designated Agent	Ann Parker								
Mailing Address		10 Burton Hills Blvd.							
		Nashville CITY		TN STATE	37215-6105 ZIP C	-  ODE			
Title or Position  Designated Age	ent		Telephone	e number	615   -   263	_ 3133			
Banks or Other safety deposit be	Depositorie	: List all banks or other depor	sitories in which the co	mmittee deposits	funds, holds acco	unts, rents			
Name of Bank, Depository, etc.									
Name of Bank,									
Name of Bank,		:.							
Name of Bank,  Mailing Address	Depository, et	:.							
	Depository, et	irgo							
	Depository, et	irgo		CA	94163				
	Depository, et	PO Box 63020		CA STATE	94163 ZIP C				
	Depository, et	PO Box 63020 San Francisco				J-L			
Mailing Address	Depository, et	PO Box 63020 San Francisco							
Mailing Address	Depository, et	PO Box 63020 San Francisco				J – L L L L L L L L L L L L L L L L L L			
Mailing Address  Name of Bank,	Depository, et	PO Box 63020 San Francisco				DDE			
Mailing Address  Name of Bank,	Depository, et	PO Box 63020 San Francisco				ODE			

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## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1N Transaction ID:

This Statement of Organization is being updated to reflect a new Treasurer, Designated Agent (Assistant Treasurer), and PAC e-mail address.

Form/Schedule: Transaction ID: